

2006 SUMMER FOOD SERVICE PROGRAM APPLICATION/AGREEMENT

PART II - APPLICATION

1. Name of Sponsor _____
2. Did the applicant participate in any of the summer food programs in the prior year? ☐ Yes ☐ No
3. Does the applicant provide an ongoing year-round service to the community that would be served by the Summer Food Service Program? If "yes" check all which apply. ☐ Yes ☐ No
- ☐ cultural
☐ educational
☐ recreational
☐ other (explain) _____
4. Was the applicant ever terminated or determined to have been seriously deficient in its operation of any USDA food service program? (If the answer is yes, please explain below.) ☐ Yes ☐ No
5. Under what circumstances would you voluntarily close a site? (Check all that apply)
- ☐ natural disaster
☐ lack of sufficient children to support program
☐ lack of qualified staff
☐ failure to meet sanitation/safety requirements
☐ failure to comply with program requirements
☐ other (explain) _____
6. What actions will be taken to correct any problems that occur at the site? (Check all that apply)
- ☐ Suggest corrective action and schedule a follow-up review.
☐ Recommend adjustments in the meals prepared to prevent leftover food.
☐ Review all previous problems found at the site and ensure that they have been corrected.
☐ Document all corrective action taken to solve the problem.
☐ Notify the site supervisor of any problems found by the monitor.
7. Who will be responsible for collecting the following records and when will the records be submitted to the person doing the claim?

Record	Person Collecting	Check under term indicating how often they are submitted			
		Daily	Weekly	Monthly	End of Session
daily meal counts	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
employee time sheets	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
itemized invoices/receipts	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
production records	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
menus	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other (explain)	_____				

Attach a copy of the daily meal count sheets that are used.

8. ESTIMATE REIMBURSEMENT

Multiply the expected ADP for each meal by the number of days that meal will be offered. Multiply this estimated meal count by the operating reimbursement rate and the administrative reimbursement rate.

BREAKFAST:

OPERATING

ADMINISTRATIVE

$$\frac{\text{ADP}}{\text{DAYS}} \times \text{MEALS} =$$

$$\times \frac{\$1.47}{\text{OP. RATE}} =$$

$$\times \frac{\$1.450}{\text{ADMIN RATE}} =$$

LUNCH:

$$\frac{\text{ADP}}{\text{DAYS}} \times \text{MEALS} =$$

$$\times \frac{\$2.56}{\text{OP. RATE}} =$$

$$\times \frac{\$2.675}{\text{ADMIN RATE}} =$$

SUPPER:

$$\frac{\text{ADP}}{\text{DAYS}} \times \text{MEALS} =$$

$$\times \frac{\$2.56}{\text{OP. RATE}} =$$

$$\times \frac{\$2.675}{\text{ADMIN RATE}} =$$

SNACKS:

$$\frac{\text{ADP}}{\text{DAYS}} \times \text{MEALS} =$$

$$\times \frac{\$.59}{\text{OP. RATE}} =$$

$$\times \frac{\$.0725}{\text{ADMIN RATE}} =$$

To be completed by State Agency

2005	COSTS	EARNED
Operating		
Administration		

TOTALS

OPERATING

ADMINISTRATIVE

9a. START-UP PAYMENTS, if approved, are provided to begin the administration of the Summer Food Service Program. At the State Agency's discretion, these may be up to 20% of the sponsor's approved administrative budget. These are available up to two months before the sponsor is scheduled to begin food service operations. The amount of the start-up payment shall be deducted from the first advance payment for administrative costs. For example, start-ups could be used for the sponsor administrator for summer, if one had to be especially hired for this project. Start-up requests must have a written justification attached.

- ☐ No Start-up Payments are requested.
- ☐ Start-up Payments are requested.
- ☐ A justification for Start-up Payments is attached.

CANS USE ONLY

approved	amount
not approved	reason

- 9b. ADVANCE PAYMENTS, if approved, are to assist sponsors in meeting operating and administrative expenses. A sponsor shall not receive advance payments for any month in which it operates 10 days or less. Advances will be deducted from each month's claim for reimbursement.

- ☐ No Advance Payments are requested.
- ☐ We hereby request Advance Payments for operating and/or administrative expenses for the first month.
- ☐ We are hereby requesting a second advance to be sent in:
(check one) ☐ July or ☐ August.
- ☐ We are hereby requesting a third advance to be sent in August.

CANS USE ONLY			
_____	approved	amount	_____
_____	not approved	reason	_____

The second and third advances must be requested in writing, and must be substantiated by meal counts. If you know you will request an additional advance/s, checking the appropriate line above will fulfill the requirement for a written request.

If you are not sure of your need for an additional advance/s at this time, you may submit a written request after you begin operation. The request must be made 30 days in advance of the anticipated payment.

An approved agreement must be on file before payment will be made for either Start-up or Advance Payments.

10. OPERATING BUDGET

ESTIMATED OPERATING COSTS FOR	SPONSOR AMOUNT	CANS APPROVED AMOUNT
FOOD		
---SITE LABOR--- (Supervision, service, etc. should equal total listed in Part III, P.12, #23 for all sites)		
NON-FOOD SUPPLIES		
UTILITIES		
KITCHEN OR TRUCK RENTAL (attach contract)		
EQUIPMENT RENTAL (attach contract)		
OTHER (specify)		
SUB-TOTAL		

11. Show projected income from all sources other than USDA that will be used to help finance the SFSP. Indicate whether the money is specifically food service income or if it is other income.

INCOME SOURCE	INCOME AMOUNT	INCOME TYPE (FS or other)	DESCRIBE THE COSTS FOR WHICH THIS INCOME WILL BE USED

12. List the Sponsor Level Personnel who will be responsible for administering the Summer Food Service Program.

TITLE OF POSITION	NUMBER OF PERSONNEL IN THAT POSITION	HOURS PER WEEK ON SFSP	SALARY PER HOUR (VOLUNTEER USE "V")	NUMBER OF WEEKS	TOTAL SALARY (inc. benefits) FOR PROGRAM	SPECIFIC DUTIES * see below	CANS APPROVED AMOUNT
TOTAL ADMINISTRATIVE SALARIES	xxxxx	xxxxx	xxxxx	xxxxx		xxxxx	

13a. ADMINISTRATIVE BUDGET All costs which will be claimed must be listed on the administrative budget.

ESTIMATED ADMINISTRATIVE COSTS	SPONSOR AMOUNT	CANS APPROVED AMOUNT
TOTAL ADMINISTRATIVE SALARIES (see 12 above)		
EXPENSES FOR ATTENDING WORKSHOP		
UTILITIES		
OFFICE SUPPLIES		
AUDIT FEES (attach letter)		
TRANSPORTATION (administrative and monitors)		
TELEPHONE		
POSTAGE		
LEGAL FEES		
USE ALLOWANCE		
OFFICE BUILDING MAINTENANCE		
OTHER (specify)		
SUB-TOTAL		

* Indicate the responsibilities of each of the above positions by placing the number of each task performed in the appropriate box under "specific duties"

- | | |
|--------------------------|-------------------------------|
| 1. hire/select personnel | 8. maintain financial records |
| 2. train personnel | 9. process payroll |
| 3. schedule personnel | 10. prepare claims |
| 4. supervise personnel | 11. type |
| 5. select sites | 12. file |
| 6. monitor sites | 13. other (explain) |
| 7. perform outreach | |

13b. Estimated total costs

Operating cost (#10 subtotal)

Administrative costs (#13a subtotal)

Total

14. If the totals of costs listed in 13b. exceed the projected income shown in 8 through 11, briefly explain how the costs will be covered:

Plan for Summer Food Service Program (SFSP) Training

Administrative Training (Attendance at the state workshop is mandatory)

15. The following person/s attended the SFSP Administrative Workshop conducted by the state agency:

Name(s) _____

Date _____

16. The person/s responsible for handling the following responsibilities:

Completing the SFSP application _____

Preparation of the SFSP worksheets and claim _____

Site monitoring _____

17. The above person/s will be trained on SFSP regulations and procedures needed to complete the above tasks by (check all which apply):

☐ The person/s who attends the Administrative Workshop. Date training to occur ____/____/____

☐ Attending the SFSP Operations Workshop to be conducted by the state agency.

☐ The person/s who attended the Administrative Workshop is responsible for these tasks.

Operational Training

(Attendance at the Operational Workshop is optional. However, all site personnel must be trained before any claims can be paid.)

18. Site personnel will be trained on the following: (check all that apply)

☐ program regulations

☐ site responsibilities

☐ time restrictions

☐ meal pattern requirements

☐ creditable foods

☐ meal counts

☐ menus and production records

☐ compliance with civil rights requirements

☐ inventory systems

☐ collection of required records

☐ health and sanitation procedures

☐ emergency training (site specific)

by : (check all which apply)

☐ The person/s who attends state agency conducted SFSP Administrative and/or Operations Workshop. Date training to occur ____/____/____.

☐ Attendance at the SFSP Operations Workshop to be conducted by the state agency.

19. The following person/s will attend the SFSP Operations Workshop to be conducted by the state agency:

Name(s) _____ Location _____ Date ____/____/____

Name(s) _____ Location _____ Date ____/____/____

Name(s) _____ Location _____ Date ____/____/____

(FOR ALL SPONSORS)

20. APPLICATION AND AGREEMENT SIGNATURE

This is to certify that the information is true and correct and is submitted as part of the Local Agency's combined application:

SPONSORING AGENCY

SIGNATURE OF AUTHORIZED
REPRESENTATIVE

DATE

PRINTED NAME (OR TYPED)

TITLE